



CASN Accreditation Bureau (CAB)

Nomination Form 2026

☐ Faculty Representative from a college (1 required)

Three-Year Term (2026-2029)

Criteria for a faculty member to be on the CASN Accreditation Bureau:

- Nurse faculty members must be currently involved in baccalaureate or graduate programs in nursing, have a minimum educational preparation of a master's degree in nursing, and at least five years of teaching experience in a baccalaureate or graduate program in nursing.
- No member of CASN Council (i.e., voting member of Council) or current director on the CASN board shall be appointed to the Accreditation Bureau.

Candidates wishing to run for election must be nominated in writing by a faculty member of a CASN member school. Candidates are expected to complete sections 1-3 of this form. Nominators are expected to complete section 4 of this form. Both the nominator and the candidate must sign this form (section 5).

CASN encourages nominations from faculty, deans, directors, and program heads at CASN member institutions to stand for election, including individuals from equity-deserving groups. We are committed to addressing inequities and advancing equity, diversity, and inclusion (EDI) within the organization and nursing education and expect all nominees to share that commitment. We welcome candidates across a diversity of gender identities, gender expressions, sexual orientations, Indigenous identities, racialized identities, and disabilities and/or neurodivergences, valuing each person's unique perspective to foster an inclusive culture of belonging.

Return form via email to:

Sharada Boucher-Sharma, Strategic Operations Coordinator sboucher-sharma@casn.ca

Nomination forms must be received by **12:00 p.m. (noon) ET on Friday, October 23, 2026**. Nominations will be included in the *Slate of Nominations* distributed at the CASN Council meeting. Given that voting will be done online (electronic voting), there will be no "*Nominations from the Floor*".

You will receive a confirmation e-mail within 2 business days of submission. If you do not receive the confirmation, please contact Sharada Boucher-Sharma: sboucher-sharma@casn.ca.

SECTION 1 – CANDIDATE INFORMATION

To be completed by the candidate.

Surname: _____

Given name(s): _____

Title: _____

Organization: _____

Mailing address: _____

City Province Postal Code

Telephone: _____

E-mail address: _____

Language: ☐ English ☐ French ☐ Bilingual ☐ Other (please specify) _____

SECTION 2 – CANDIDATE'S EDUCATIONAL BACKGROUND (Post Secondary)

To be completed by the candidate.

Qualifications received	Year	School

SECTION 3 – CANDIDATE'S EXPERIENCE

To be completed by the candidate.

1. Please describe your experience in policy development or decision-making (specify where and in what capacity).

2. Please describe your experience in program evaluation, regulation and/or accreditation.

3. Please describe your experience on institutional/provincial/national committees (role and duration of membership).

4. Please describe your contributions to the development of education/professional programs for nursing.

5. Please provide rationale of why you are best suited for the position on the CASN Accreditation Bureau. Note: this description will be included in the slate of nominations distributed for the Council meeting (Maximum 250 words).

SECTION 4 – NOMINATOR INFORMATION

To be completed by the nominator.

Surname: _____

Given name(s): _____

Title: _____

Organization: _____

Telephone: _____

E-mail address: _____

Language: ☐ English ☐ French ☐ Bilingual

SECTION 5 – SIGNATURES

_____ Signature of Nominee	_____ Name of Nominee	_____ Date
_____ Signature of Nominator	_____ Name of Nominator	_____ Date